

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-375)

SERIAL NO.  
09/700788

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* IND. DEP.		* IND. DEP.		* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
		1					52						
		12					53						
		1					54						
		1					55						
		1					56						
		1					57						
		1					58						
		12					59						
		1					60						
		1					61						
		1					62						
		12					63						
		1					64						
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		1					68						
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		1					95						
		1					96						
		1					97						
		1					98						
		1					99						
		1					100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	13						TOTAL DEP.						
TOTAL CLAIMS	16						TOTAL CLAIMS						